

| REPORTS INVENTORY   |             |  |   |   |                   | CONTROL NO.   |                                |
|---|-------------|--|---|---|-------------------|---|--------------------------------|
| PREPARE IN DUPLICATE  |             |  |   |   |                   | DDS/OL/LSD 7  |                                |
| 1. TITLE OF REPORT (if a fill-in report include Form No.)<br>Report of Visual & Training Aides  |             |  |   |   | 2. TYPE OF REPORT | <input type="checkbox"/> STATISTICAL<br><input type="checkbox"/> NARRATIVE<br><input type="checkbox"/> MACHINE-NAME LISTING |                                |
| 3. FUNCTIONAL AREA  |             | PERSONNEL  | TRAINING  | ADMIN. GENERAL  |                   | OTHER (specify)<br>Charts & photos  |                                |
|   |             | LOGISTICS  | SECURITY  |   |                   |   |                                |
|   |             | MEDICAL  | FINANCE   |   |                   |   |                                |
| 4. NO. OF COPIES PREPARED<br>Five   |             | 5. FREQUENCY (weekly, monthly, quarterly, etc.)<br>Annually                    |   | 6. DISTRIBUTION (No. of components not number of copies)<br>O/Logistics, & Ch/LSD |                   |   |                                |
| 7. FORMAT (memorandum, form computer print-out, etc)<br>Memo  |             | 8. ADP PROCESSING  |   | 9. DIRECTIVE AUTHORITY REQUIRING REPORT<br>EO/Logistics                           |                   |   |                                |
|   |             | YES  | IF YES GIVE ADP PROCESSING NO.  |   |                   |   |                                |
|   |             | <input checked="" type="checkbox"/> NO   |   |   |                   |   |                                |
| 10. PREPARING COMPONENT (include lowest level contributing information to report)<br>O/Chief/LSD  |             |  | 11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) |   |                   |   |                                |
| 12. COST FACTORS  |             |  |   |   |                   |   |                                |
| A. MANUAL PREPARATION AND REVIEW COSTS  |             |  |   |   |                   |   |                                |
| GRADE   | HOURLY RATE | X  | HOURS PER REPORT  | =   | COST PER REPORT   | X   | TIMES PREPARED = COST PER YEAR |
| GS 12.5   | 7.75        |  | 1/4   | =   | 1.96              |   | 1 1.96                         |
| GS 5.2  | 3.25        |  | 1/4   | =   | .81               |   | 1 .81                          |
| B. COSTS OF COMPUTER PRODUCED REPORTS   |             |  |   |   |                   |   |                                |
| 1/2 TOTAL COSTS PER YEAR  |             |  |   |   |                   | 2.77  |                                |
| 13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. |             |  |   |   |                   |   |                                |
| 14. FUTURE GOALS  |             |  |   |   |                   |   |                                |
| GOAL PROPOSED BY COMPONENT FOR THIS REPORT  |             |  |   |   |                   | ESTIMATED SAVINGS   |                                |
| <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)   |             |  |   |   |                   | MAN-HOURS    DOLLARS  |                                |
| <input type="checkbox"/> CHANGE<br><input type="checkbox"/> DISCONTINUE   |             |  |   |   |                   | STAT  |                                |
| 16. DATE OF INVENTORY<br>9 October 1970   |             | 17. NAME AND TITLE OF PERSON FURNISHING INFORMATION<br>Reports Officer, LSD/OL |   |   |                   | 18. EXTENSION   |                                |

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